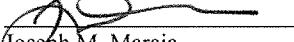


# TRANSMITTAL FORM

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Application Number</td> <td>10/772,140</td> </tr> <tr> <td>Filing Date</td> <td>February 4, 2004</td> </tr> <tr> <td>First Named Inventor</td> <td>Poniatowski et al.</td> </tr> <tr> <td>Group Art Unit</td> <td>2832</td> </tr> <tr> <td>Examiner Name</td> <td>Nguyen, T.T.</td> </tr> <tr> <td>Attorney Docket No.</td> <td>PQM-002</td> </tr> <tr> <td>Patent No.</td> <td></td> </tr> <tr> <td>Issue Date</td> <td></td> </tr> </table>	Application Number	10/772,140	Filing Date	February 4, 2004	First Named Inventor	Poniatowski et al.	Group Art Unit	2832	Examiner Name	Nguyen, T.T.	Attorney Docket No.	PQM-002	Patent No.		Issue Date	
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Attorney Docket No.	PQM-002																
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Issue Date																	

## ENCLOSURES (*check all that apply*)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> )
<input type="checkbox"/> Petition for Extension of Time		
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<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

<b>CORRESPONDENCE ADDRESS</b>	<b>SIGNATURE BLOCK</b>
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted,  Joseph M. Maraia Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600